

# Registration of family members for

## 1 Personal details for policyholder and general information

Name				Health insurance number			
First name				Date of birth			
Phone number <sup>1)</sup>				Reason for registering your family members			
Marital status	single			start of my policy			
	separated permanently			birth of child			
	married/registered civil partner			marriage			
	divorced since			end of the family member's previous own insurance policy			
	widowed			other:			
I was last insured	as a policyholder in my own right with (name of health insurance fund):						
	under a family insurance policy with (name of health insurance fund):						
	not covered by statutory health insurance						
My spouse/registered civil partner has their own insurance policy	No	Yes, with (name, registered offices of health insurance fund):					

**Important for you to know:** The following information is generally only required for dependents who are to be included under hkk family insurance cover. Nevertheless, we also need separate details of your spouse/registered civil partner even if family insurance cover is only required for your children. In this case, apart from general information, we require details of the spouse's/civil partner's insurance cover and – if the spouse/civil partner does not have statutory health insurance and is related to the children – their income; in this case, it is essential to submit proof of income, leaving out any allowances that are paid with regard to your marital status, when providing details of income.

Please note that it is against the law to have family insurance cover with more than one health insurance fund. For this reason, please make sure that there is no question of duplicate family insurance cover when submitting your details.

## 2 Personal details of family members

	Spouse/registered civil partner	Child	Child	Child
Last name (if the last name is different to that of the policyholder, please include a copy of the marriage certificate or proof of the parent-child relationship)				
First name				
Gender (f = female, m = male, x = unspecified)	f m	f m x	f m x	f m x
Child's relationship to the policyholder (* the term "natural child" is also to be used for adopted children)		natural child* stepchild foster child grandchild	natural child* stepchild foster child grandchild	natural child* stepchild foster child grandchild
Child of both spouses		No Yes	No Yes	No Yes
Date of birth				
Health insurance number				
Address if different				

## 3 Details of the most recent or the current insurance policy covering the family members

Previous insurance cover ended on				
Previous insurance cover was with (Name of health insurance provider)	Policyholder Family insurance	Policyholder Family insurance	Policyholder Family insurance	Policyholder Family insurance
Type of previous insurance	not statutory	not statutory	not statutory	not statutory
Insofar as there was a recent family insurance policy, last name and first name of the person who was the policyholder for the family insurance cover.				
The previous insurance policy is still with (name of health insurance fund/health insurance provider)				

<sup>1)</sup> Voluntary information

**4 Other details about family members**

	Spouse/registered civil partner		Child		Child		Child	
	No	Yes	No	Yes	No	Yes	No	Yes
Self-employed								
Monthly profit from self-employment <b>(please enclose copy of latest income tax assessment notification)</b>		EUR		EUR		EUR		EUR
Gross monthly earnings from marginal part-time employment		EUR		EUR		EUR		EUR
State retirement pension, work-related benefits and pensions, company pension, foreign pension, other pensions <b>(monthly payment)</b>		EUR		EUR		EUR		EUR
Other regular monthly income as defined by income tax law		EUR		EUR		EUR		EUR
Type of income								
<b>N. B.:</b> Regular income means, for example, gross monthly earnings from more than marginal part-time employment, from capital assets and from rental property/leases. One-off payments (e.g. holiday/Christmas pay) must also be taken into account proportionally at a rate of 1/12.								
School/university attendance <b>(please attach proof of enrolment at school or university for children under the age of 23)</b>			from		from		from	
			until		until		until	
Military service or statutory voluntary service <b>(please give length of service and attach certificate of service)</b>			from		from		from	
			until		until		until	

**5 Details required for issuing a health insurance number for family members insured under a family policy**

Own state pension insurance number (RV-Nr.)				
The following details are only required if a state pension insurance number has not yet been issued.				
Name at birth				
Place of birth				
Country of birth				
Nationality				

**6 Consent and data protection**

Your data will be processed in accordance with Art. 6 GDPR and section 284 SGB V (Social Security Code V) for health insurance purposes and section 94 SGB XI (Social Security Code XI) for nursing care insurance purposes.

I confirm that the information I have provided is correct. I will inform you of any changes without delay. This applies in particular if the income of my family members listed under item 2 changes (e.g. new income tax assessment notice in the case of self-employment) or if they take out their own policy with a (different) health insurance fund. In signing this document I also confirm that I have obtained the consent of the family members to submit the required information (in the case of family members who live apart, their signature is sufficient).

I consent for my data to be used to keep me informed by post, telephone or email about current offers in the area of health and insurance. The data will only be processed for this purpose and deleted in accordance with statutory provisions. The data will not be passed on to third parties. The consent is voluntary and can be revoked at any time with effect for the future by giving hkk verbal or written notice. Without this consent, hkk will be unable to inform me about further offers in the healthcare and insurance sector.

Place, date

Signature of policyholder

Place, date

Signature of family member if applicable